

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 182 STATE FILE NUMBER 163-046822

FILED DEC 10 1963

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		c. CITY OR TOWN Marshfield	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 727 W. Washington
3. NAME OF DECEASED (Type or print) First David Middle Carl Last Whitehurst		4. DATE OF DEATH Month 12 Day 1 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-22-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 74
11a. BIRTHPLACE (City and state or country) Marshfield, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J. W. Whitehurst		13b. MOTHER'S MAIDEN NAME Zurildy Kates	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		17. INFORMANT State Hospital No. 3, Hospital Records Nevada, Missouri.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Generalized Arteriosclerosis. DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION The Staff		COUNTY Webster STATE Missouri	
21. Attended the deceased from May 10, 1963 and last saw him alive on Dec. 1, 1963		Death occurred at 6:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Barber Edwards</i>		22b. ADDRESS State Hospital No. 3, Nevada, Mo.	
22c. DATE SIGNED 12-1-63		23. NAME OF CEMETERY OR CREMATORY MARSHFIELD	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-3-1963	
23c. LOCATION (City, town, or county) MARSHFIELD		23d. LOCATION (City, town, or county) MO	
24. FUNERAL DIRECTOR Barber Edwards Funeral Home,		25. DATE RECD. BY LOCAL REG. 12-6-1963	
26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>		26. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59
1 **1080**
2 **1120**
3
4 **0**
5 **1**
6
7 **0**
8 **2**
94200
10
11
12 **93-0**
13 **10**

809410-023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bob Davis

Licensed Embalmer No. 5246

P. O. Address

Mtn. Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated.